**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)
FY 2005**

Docket Number (Optional)

1915-13980US02

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).))

Application Number 09/782,594

Filed February 12, 2001

For "Assembled Implant"

Art Unit 3738

Examiner Paul B. Prebilic

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

| | <u>Fee</u> | <u>Small Entity Fee</u> | |
|---|------------|-------------------------|----------|
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$120 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ _____ |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ _____ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ _____ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ _____ |

- ☐ Applicant claims small entity status. See 37 CFR 1.27.
- ☐ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 13-0017. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

- I am the ☐ applicant/inventor.
- ☐ assignee of record of the entire interest. See 37 CFR 3.71
- Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ attorney or agent of record. Registration Number 32,167
- ☐ attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34. _____

Signature

Donald J. Pochopien, Reg. No. 32,167

Typed or printed name

July 15, 2005

Date

312-775-8000

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

- ☒ Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

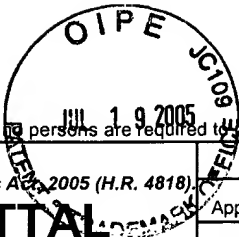
If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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120.00 DA

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



Effective on 12/08/2004.
Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2005

Complete if Known

| | |
|----------------------|--------------------------|
| Application Number | 09/782,594 |
| Filing Date | February 12, 2001 |
| First Named Inventor | Bianchi, John R., et al. |
| Examiner Name | Paul B. Prebilic |
| Art Unit | 3738 |
| Attorney Docket No. | RTI 112R/1915-13980US02 |

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 120.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

- ☒ Charge Fee(s) indicated below ☐ Charge Fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fees(s) ☒ Credit any overpayments under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid(\$) |
|------------------|-------------|----------------------|-------------|----------------------|------------------|----------------------|---------------|
| | Fee (\$) | Small Entity Fee(\$) | Fee(\$) | Small Entity Fee(\$) | Fee(\$) | Small Entity Fee(\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee(\$) | Small Entity Fee(\$) |
|---|---------|----------------------|
| Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent | 50 | 25 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| Total Claims | Extra Claims | Fee(\$) | Fee Paid (\$) | Multiple Dependent Claims |
|---|--------------|---------|---------------|---------------------------|
| -20 or HP | x | = | | Fee Fee Paid (\$) |
| HP = highest number of total claims paid for, if greater than 20 | | | | |
| Indep. Claims | Extra Claims | Fee(\$) | Fee Paid (\$) | |
| -3 or HP | x | = | | |
| HP = highest number of independent claims paid for, if greater than 3 | | | | |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee(\$) | Fee Paid(\$) |
|--------------|--------------|--|---------|--------------|
| -100 | /50 | (round up to a whole number) x | = | |

4. OTHER FEE(S)

| | Fee Paid(\$) |
|---|--------------|
| Non-English Specification, \$130 fee (no small entity discount) | |
| Other: Petition for Extension Of Time | 120.00 |

SUBMITTED BY

| | | | | | |
|-------------------|---|-----------------------------------|--------|-----------|---------------|
| Signature |  | Registration No. (Attorney/Agent) | 32,167 | Telephone | (312)775-8000 |
| Name (print/type) | Donald J. Pochopen | | | Date | 32,167 |